

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155636		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/04/2013	
NAME OF PROVIDER OR SUPPLIER HARRISON TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 1924 WELLESLEY BLVD INDIANAPOLIS, IN 46219			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F000000	<p>This visit was for the Investigation of Complaint IN00126771.</p> <p>This visit was in conjunction with a Recertification and State Licensure Survey and Investigation of Complaint IN00125436.</p> <p>Complaint IN00126771 - Substantiated. Federal/state deficiency related to the allegation is cited at F514.</p> <p>Survey Dates: March 26, 27, 28, and April 1, 2, 3, 4, 2013</p> <p>Facility number: 000241 Provider number: 155636 AIM number: 100291310</p> <p>Survey Team: Courtney Mujic, RN- TC Beth Walsh, RN Karina Gates, Medical Surveyor (March 26, 27, 28, 2013)</p> <p>Census Bed Type: SNF/NF: 101 Total: 101</p> <p>Census Payor Type: Medicare: 8 Medicaid: 76</p>			F000000	The facility respectfully requests desk review for paper compliance for this tag.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2013

FORM APPROVED

OMB NO. 0938-0391

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	<p>Other: 17 Total: 101</p> <p>Harrison Terrace was found to be in substantial compliance with 42 CFR part 483 subpart B in regard to the Investigation of Complaint IN00126771. This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 4/11/13 by Suzanne Williams, RN</p>						

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F000514 SS=A	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, record review, and interview, the facility failed to document a new behavior for a resident and disposition of personal items upon discharge of a resident, for 2 of 38 residents whose records were reviewed. (Residents #A and B)</p> <p>Findings include:</p> <p>1. On 3/27/2013 at 2:50 p.m., Resident #B, a female, was observed asleep in the bed nearest the window in room 45. There was a male resident asleep in the bed nearest the door. CNA #4 went into the room to check who was in the bed nearest the window. She indicated, "no one should be in that bed." There was a removable stop sign on the door and the door was closed.</p>		F000514	<p>1. Resident B has been redirected to her own room and bed. new identifiers on the door have been placed to assist the resident in her room location. resident A chart has been updated to indicate the resident has received his/her belongings.2. All residents have the potential to be affected. residents with behaviors are documented in the medical record with appropriate interventions. Audit of discharged residents' inventory sheets were reviewed to ensure the personal property inventory sheet was signed.3. Staff was inserviced by SDC regarding documenting behaviors and completing documentation of the resident inventory sheet upon discharge by May 3, 2013. Social service director will monitor the new and worsening behaviors, to ensure</p>		05/03/2013	

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	<p>An interview on 4/1/2013 at 1:25 p.m. with QMA #3 indicated when asked if Resident #B wanders, she replied, "not really, usually not."</p> <p>An interview with the Director of Nursing (D.O.N.) on 4/3/2013 at 1:58 p.m. indicated she spoke with the nurse who was on duty when the incident occurred. The D.O.N. indicated he (the nurse) didn't write a note/event about the incident because he thought the resident had already been care planned for this behavior. She indicated that it should have been documented. She said it would now be documented and care planned. This was a new behavior for the resident; it hadn't happened before.</p> <p>A care plan indicated, "Problem start date: 4/3/2013. Behavior 1: Resident will at times wander into other residents' rooms and sleep in their beds. Approach: Intervention 2: Observe for s/s (signs and symptoms) of fatigue and offer to assist to her room when tired."</p> <p>A "Behavior events" note indicated, "Date recorded: 4/3/2013 at 5:23 p.m. Date/time of behavior: 4/1/2013 at 9:45 a.m. Where did the behavior</p>				<p>the behavior and interventions are documented. Unit manager will monitor the inventory sheets for proper documentation regarding the residents belongings upon discharge.4. To ensure compliance, the DNS/Designee is responsible for the completion of the Closed Medical Record CQI and Social Services is responsible for the Behavior Management CQI tool weekly times 4 weeks, bi-monthly times 2 months and then quarterly to encompass all shifts until continued compliance is maintained for 2 consecutive quarters. the results of these audits will be reviewed by the CQI committee overseen by the ED. if threshold of 95% is not achieved an action plan will be developed to ensure compliance.</p>		

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	<p>occur: in another resident's room 45W. Describe the specific type of behavior that occurred: Resident had laid down in another resident bed and fell asleep. Describe what non pharmacological interventions were attempted in response to the behavior: none."</p> <p>A "Resident progress note" indicated, "Date: 4/4/2013 at 9:01 a.m. IDT (interdisciplinary team) review of new and worsening behavior that occurred on 4/1/2013 at 9:45 a.m. Resident was noted to have wandered into another resident's room and fallen asleep in their bed. Resident was easily awakened and redirected to her own room...Behavior has been care planned, will continue to monitor for continued behaviors and effectiveness of interventions."</p> <p>A policy titled, "(name of company) Behavior Management Policy and Procedure," provided by the Director of Nursing on 4/4/2013 at 2:15 p.m. indicated, "Policy: It is the policy of (name of company) to provide behavior interventions and monitoring for residents with problematic or distressing behaviors...Procedure: 1. Care plans should be initiated for any behavioral issues that affects, or has the potential to affect, the resident or</p>						

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	<p>other residents. 4. When a behavior occurs, the staff communicates to the nurse what behavior occurred. The nurse records or signs off on the behavior on the monitoring form including what interventions were attempted during the episode and whether or not they were effective."</p> <p>2. Resident #A's clinical record was reviewed on 4/4/2013 at 9 a.m. Resident's diagnoses included but were not limited to; dementia, glaucoma, and debility.</p> <p>A nursing progress note indicated Resident #A went out to the ER (emergency room) on 10/25/2012. Further review of the nursing progress notes indicated the resident did not return to the nursing facility.</p> <p>An "articles recorded upon admission" (personal property inventory sheet) with Resident #A's name indicated it was not signed in order to acknowledge the items were returned to the resident upon discharge from the facility.</p> <p>Interview with the D.O.N. on 4/4/2013 at 9:58 a.m. indicated the "articles recorded upon admission" sheet should be signed upon discharge of the resident, and the nursing staff is</p>						

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	<p>responsible for completing this task. At 10:03 a.m. she indicated she does not know what happened with this; she could not verify through any notes in the resident's clinical record that the items had been picked up by the family or not. She indicated she's not sure what exactly happened.</p> <p>This federal tag relates to Complaint IN00126771.</p> <p>3.1-50(a)(1)</p>						